06-16-05

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APPLN. TYPE

7590

03/16/2005

WILMER CUTLER PICKERING HALE AND DORR LLP **60 STATE STREET BOSTON, MA 02109**

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TOTAL FEE(S) DUE

DATE DUE

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/777.526 02/06/2001 Sudhir Agrawal HYZ-030CPCN3 8659 (47508.518)

ISSUE FEE

TITLE OF INVENTION: METHOD OF DOWN-REGULATING GENE EXPRESSION

SMALL ENTITY

nonprovisional	NO	\$1400		\$300		\$1000		06/16/2005	09777526
EXAMINER		ART UNIT		CLASS-SUBCLASS	06,17/2005	MBERHE1	00000096	080513	V3///JC0
GIBBS, TERRA C 16		1635		435-006000	01 FC:150: 02 FC:150	1 1	400.00 DA 300.00 DA		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 			Ha.	mer Cut le and I		ckering LP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hybridon, Inc.

Cambridge, Massachusetts

PUBLICATION FEE

Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🌋 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0219 (enclose an extra copy of this form). Advance Order - # of Copies _ 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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33,523 Registration No.

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